STATE OF MARYLAND—CERTIFICATE OF DEATH

07666

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 25

Village or City Brooklyn No. 307 Townsend Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Anderson If U. S. Veteran, specify WAR

(a) Residence: No. 307 Townsend Ave Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of John W Anderson

6. DATE OF BIRTH (month, day, and year) Sept 30 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work at

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Severn Md (State or country)

FATHER

13. NAME Greenbury T. Pumphrey

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Margaret Upton

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mr. Emory M Anderson (Address) Walton Ave Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Aug 18, 1939

19. UNDERTAKER William M Mc Leck (Address) 715 Eight St

20. FILED Aug 18, 1939 Ida M. Whelan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939, to Aug 16, 1939

last saw her alive on Aug 15, 1939; deeth is said to have occurred on the date stated above, at 4.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1935
Myocardial Degeneration	1937
Other Contributory Causes of importance:	
Arteriosclerosis	1935

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence A. Serra M. D.

(Address) 1009 Annapolis Blvd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07667

CERTIFICATE OF DEATH

(95-E)

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Bay Ridge, Maryland
(If outside city of town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Bay Ridge, Maryland A.A. Co. Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Bay Ridge, A. A. Co Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
MABEL AUGUSTA BEGEMAN

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 13, 1882

8. AGE: Years	Months	Days	If less than one day
56	10	11	hrs. min.

9. Birthplace Chester, Illonois
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Andrew Begeman
13. Birthplace Chester, Ill.

MOTHER
14. Maiden name Elizabeth Miller
15. Birthplace Germany

16. Informant Florence B. Bliss
Address Bay Ridge, A. A. Co. Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof August 26, 1939 (month) (day) (year)

Cemetery or crematory St. Anne's Cemetery

Location Annapolis, Maryland

18. Funeral director John M. Taylor

Address 147 Gloucester Street

1939 Aug 26 (Date rec'd by registrar) 1939 J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1939, at 7.15 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post. mortem examination 19 to 19, and that I last saw h alive on 19

Immediate cause of death — Cardio-Renal Disease — DURATION: 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE John M. Taffy Deputy Medical Examiner
M. D. or other

Address Annapolis Md Date signed 8/26/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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AUG 31 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

07668

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town Eastport
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 1019 Tyler St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Anne Arundel
City or town Eastport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1019 Tyler St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Hezhekiah Bowen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Priscilla Bowen
6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Oct 19th 1852

8. AGE:

Years	Months	Days	If less than one day
86	9	17	hrs. min.

9. Birthplace Calvert Co Md
(Town, county, and state)
10. Usual occupation Farmer Ritired
11. Industry or business
FATHER 12. Name Daniel W. Bowen
13. Birthplace Calvert Co Md.
MOTHER 14. Maiden name Mariah Schley
15. Birthplace Calvert Co Md.
16. Informant Mrs Brooke Q. Meade
Address Eastport A.A. Co Md.
17. Burial Date thereof Aug 8th 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location Calvert Co Md
18. Funeral director John M. Taylor
Address Annapolis Md.
19. 8-7-1939
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-1939, at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1939 to Aug 5th 1939, and that I last saw h- alive on Aug 5th 1939.

Immediate cause of death	DURATION
Apoplexy	1 wk
Due to	
Due to →	Jr more
Other conditions Cystitis + Pyelitis →	1 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. J. Russell M.D.
M. D. or other
Address Eastport Md Date signed 8-6-39

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (66-8)

07669

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 18 dys.

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1019 N. Chapel Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: KATHERINE BROWN

3. (b) Social Security Number: -------

4. Sex: female

5. Color or race: black

6. (a) Single, married, widowed, or divorced: separated

6 (b) Name of husband or wife: unknown

Unknown 6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1890, Jan. 15.

8. AGE: Years: 49 Months: 6 Days: 28 If less than one day: hrs. min.

9. Birthplace: ~~Unknown~~ Baltimore County (Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: -------

FATHER

12. Name: ~~Unknown~~ John Brown

13. Birthplace: St. Mary's ~~Unknown~~ County, Md

MOTHER

14. Maiden name: Mary ~~Unknown~~ McKens

15. Birthplace: Frederick ~~Unknown~~ Md

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 18-39 (month) (day) (year)

Cemetery or crematory: Mt Calvary

Location: Cl A Co Md

18. Funeral director: Robert V. Williams

Address: 1515 McElderry St

19. 8/16 1939 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13th 1939, at 3:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26th 1939, to Aug. 13 1939, and that I last saw her alive on Aug. 13th 1939.

Immediate cause of death: Hyperthyroidism

Due to:

Due to:

Other conditions: Heart insufficiency (Myocarditis) (Include pregnancy within 3 months of death)

Major findings:

Of operations: ------

Of autopsy: ------

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ------ Injured at work?

23. SIGNATURE: Herd P. Mitchell M. D. or other

Address: Crownsville, Md. Date signed: 8/13/39

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AUG 22 1939
BUREAU V. S.

07670

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County H. A. Registration Dist. No. 21

Village or City Annapolis Emergency Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene (Jones) Carey If U. S. Veteran, specify WAR .....

(a) Residence: No. 40 Gotts Court St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 30 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Annapolis

FATHER

13. NAME Bradley Jones

14. BIRTHPLACE (city or town) (State or country) Annapolis

MOTHER

15. MAIDEN NAME Blanche Carey

16. BIRTHPLACE (city or town) (State or country) Skidmore Md

17. INFORMANT (Address) Blanche Carey 40 Gotts Court

18. BURIAL, CREMATION, OR REMOVAL

Place Brewer Field Date Aug. 23, 1939

19. UNDERTAKER (Address) J. B. Johnson Annapolis

20. FILED 8. 23, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1939, to Aug 21, 1939

I last saw him alive on Aug 21, 1939; death is said to have occurred on the date stated above, at 1:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ac. Gastro-enteritis	?
Manitim	8/1 14

Other Contributory Causes of importance:

Faulty diet

Summer heat

Unhygienic surroundings

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) M. F. Klawans M. D.

(Address) 31 Smithgate Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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SEP 8 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52)

07671

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Eastport
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 21 Murphy Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2o years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Eastport, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 21 Murphy Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hazel Clark

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Percy J. Clark

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feby. 14, 1874

8. AGE: Years	Months	Days	If less than one day
65	6	14	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Carrie Brown
Address: Eastport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 30, 1939 (month) (day) (year)

Cemetery or crematory: Cedar Bluff Cemetery

Location: Annapolis, Maryland

18. Funeral director: John M. Taylor
Address: Annapolis, Md.

19. Aug 29 19 39 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28 19 39, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 38, to Aug. 28 19 39, and that I last saw h-- alive on Aug. 28 19 39.

Immediate cause of death
(1) Ca of Face - Upper Rt. over by zoma
Due to (2) Metastasis to lungs and long bones
Due to (3) Cardio sclerotic C.V.D.
Decease

Other conditions (2) Myocardial Insufficiency

(Include pregnancy within 3 months of death)

DURATION

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the causa to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. Lankford M.D.
M. D. or other

Address: Eastport Date signed: Aug 29 1939

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(84)

07672

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 11mos. 16 das.

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 112 23rd St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: DAVID COATES

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	black	separated

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Maryland Nov. 16, 1901

8. AGE:

Years	Months	Days	If less than one day
37	8	28	---- hrs. ---- min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ------

FATHER
12. Name: Richard Coates
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha Wallace
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. (Burial, cremation, or removal, Which?) Date thereof 8/16/39 (month) (day) (year)

Cemetery or crematory: Mt. Auburn.

Location: Baltimore City

18. Funeral director: Geo. G. Kelson

Address: 1303 Presstman St Balto Md

19. (Date rec'd by registrar) 8/15/39 E.T. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 14th 1939, at 5:43 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 28th 1933, to Aug. 14th 1939, and that I last saw him alive on August 14th 1939.

Immediate cause of death	DURATION
Post operative shock	
Due to Freeman's operation for	
Dementia Praecox	
Due to	
Other conditions ------	

(Include pregnancy within 3 months of death)

Major findings: ----

Of operations: -

Of autopsy: ------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ---- Date of: ------

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ------ Injured at work?

23. SIGNATURE: Fred J. Thompson M. D. or other

Address: Crownsville, Md. Date signed: 8/14/39

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SEP 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07673

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (183)

County Anne Arundel Registration Dist. No. 2B

Village or City Arundel Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eunice Ruby Cohen If U. S. Veteran, specify WAR

(a) Residence: No. 2916 Auchentoroly Terrace St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 28, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Morris Cohen

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Jeanette D. Bloom

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mr. Morris Cohen
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Balto Md (Bait. Hebrew Cemetery) Date Aug 13, 1939

19. UNDERTAKER Sol Levinson & Bros
(Address) 124-26 W Mulberry ave

20. FILED Aug 11, 1939 M. DeAlba Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 10 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on Post mortem exam., 19 ; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Accidental drowning	8/10/39

Other **Contributory Causes** of importance:

Wandered into water

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 8/10, 1939

Where did injury occur? Prospective Shores
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Drowning

Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy Deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1930
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07674

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County A. A. Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospt. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Richard D. Colbert If U. S. Veteran, specify WAR

(a) Residence: No. Jones station St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Colbert

6. DATE OF BIRTH (month, day, and year): Feb. 6, 1896

7. AGE: Years 43 | Months 6 | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: U. S. N. A.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Skidmore

FATHER

13. NAME: Samuel R. Colbert

14. BIRTHPLACE (city or town) (State or country): Skidmore

MOTHER

15. MAIDEN NAME: Catherine Walker

16. BIRTHPLACE (city or town) (State or country): A. A.

17. INFORMANT (Address): Mary A. Johnson R. F. D. R. 2 Bx 232 A

18. BURIAL, CREMATION, OR REMOVAL

Place: Broadneck Date: Sept. 3, 1939

19. UNDERTAKER (Address): J. B. Johnson Annapolis

20. FILED: 9 2, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1939, to Aug. 30, 1939

I last saw him alive on Aug. 30, 1939, death is said to have occurred on the date stated above, at 10:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/26/39
Hemiplegia	

Other Contributory Causes of importance:

Chr. arterial Hypertension	Unknown

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Willis Martin M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

WITHIN CORPORATE LIMITS OF

07675

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: ANNAPOLIS.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: U.S.Naval Hospital.
Stay in hospital or inst. (yrs., or mos., or days): 14 days.
Stay in this community (yrs., or mos., or days): 76 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Anne Arundel.
City or town: Annapolis. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 142 Main Street.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Spanish-American; World.

3. (a) FULL NAME: Samuel Owen DAWES.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 19, 1863.

8. AGE:

Years	Months	Days	If less than one day
76	4	0	hrs. min.

9. Birthplace: Annapolis, Maryland. (Town, county, and state)
10. Usual occupation: Chief Carpenter's mate, USN. (Retired).
11. Industry or business: USN (Retired).

FATHER
12. Name: Meredith DAWES.
13. Birthplace: Annapolis, Maryland.

MOTHER
14. Maiden name: Isabella WELLS.
15. Birthplace: Annapolis Maryland.

16. Informant: R.M.LHAMON, Capt.(MC), USN.
Address: U.S.Naval Hospital, Annapolis, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 21-1939 (month) (day) (year)
Cemetery or crematory: St Annes Cem
Location: Annapolis Md
18. Funeral director: John M.Taylor.
Address: 147 Duke of Gloucester Street, Annapolis, Maryland.

19. 8-19-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1939, at 1.31 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5, 1939, to Aug.19, 1939, and that I last saw him alive on Aug.19, 1939.

	DURATION
Immediate cause of death: Cerebral hemorrhage	
Due to: Arterial Hypertension.	3 yrs.
Due to:	
Due to:	
Other conditions: Nephritis, chronic.	1 year.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Nephritis & Arteriosclerosis.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R.L.WARE, M.D. Lieut.(MC), USN. M. D. or other
Address: U.S. Naval Hospital, Annapolis, Maryland. Date signed: 8-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07676

947

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Woodland Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herman M. Dinat If U. S. Veteran, specify WAR

(a) Residence: No. Lincoln Road St., Ward. Westminster, Md.

(Usual place of abode) Westminster If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna Dinat

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Court Crier

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Circuit Court

10. Date deceased last worked at this occupation (month and year) 8/14/39

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Adams County (State or country) Pennsylvania

FATHER

13. NAME Franklin Dinat

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Louisa J. Green

16. BIRTHPLACE (city or town) Shrewsbury, York Co. Pa (State or country)

17. INFORMANT Robert Dinat (Address) Westminster Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Westminster Cem. Date Aug 28, 1939

19. UNDERTAKER J. E. Myers Jr. (Address) Westminster, Md

20. FILED 8-25, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 25 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

Post-mortem examination

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	8/25/39
Other **Contributory Causes** of importance:	
Arteria-sclerosis	Unknown

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

—

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Lippy deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07677

STATE OF MARYLAND—CERTIFICATE OF DEATH

(210-f) CB

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Fishers Station Md No. Highway No. 416 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 11 yrs. mos. ds.

2. FULL NAME Marcus Spanos Espanopoulos If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Not Known

7. AGE: Years 38? Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waiter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Washington Hotel

10. Date deceased last worked at this occupation (month and year) Aug. 1939.

11. Total time (years) spent in this occupation 19 yrs.

12. BIRTHPLACE (city or town) (State or country) Naxos Greece.

FATHER

13. NAME John Espanopoulos

14. BIRTHPLACE (city or town) (State or country) Greece.

MOTHER

15. MAIDEN NAME Helen Valindras

16. BIRTHPLACE (city or town) (State or country) Greece.

17. INFORMANT (Address) Peter J. Espanopoulos Washington, D.C. (Brother)

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Aug. 15, 1939

19. UNDERTAKER (Address) Ritchie Brothers Upper Marlboro, Md.

20. FILED Aug 15, 1939 W. R. Clayton Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post mortem exam, 19 to 19

I last saw it alive on 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of Skull	8/14/39
Broken neck	

Other Contributory Causes of Importance: Thrown from skidding automobile which turned over at Fishers Station on Highway No. 416 — 8/14/39

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/14, 1939

Where did injury occur? Fishers Station, 416 Highway (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. State Road

Manner of injury Thrown from auto

Nature of injury Fractured Skull + broken neck

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy Deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocheilitis	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

07678

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital~~, or ~~institution~~: 141 Spa View Avenue

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Annapolis, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 141 Spa View Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William E. Feldmeyer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Hannah E. Feldmeyer

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1859

8. AGE: Years	Months	Days	If less than one day
79	8	11	____ hrs. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Bldg. Contractor

11. Industry or business

FATHER 12. Name William H. Feldmeyer

13. Birthplace Germany

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 26-39 (month) (day) (year)

Cemetery ~~or crematory~~ St. Anns Cemetery

Location Annapolis, Md.

18. Funeral director John M. Taylor

Address 149-9 Gloucester

19. 8-24 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1939, at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1938, to August 23 1939, and that I last saw h~~im~~ alive on August 23 1939.

Immediate cause of death	DURATION
Immediate cause of death Gangrene of leg	
Due to Arteriosclerosis	2-5-39
Due to	Not Known
Due to	
Other conditions Chronic Myocarditis & Chronic Nephritis (Include pregnancy within 3 months of death)	Not Known

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walton H. Hoffman M.D. M. D. or other

Address Annapolis Md Date signed 8/24/39

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (47-B)

07679

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville State Hospital
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 6 mos. 17 days
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: ~~Baltimore~~
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 908 Russell Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: NOAH FISHER

3. (b) Social Security Number: -----

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife: ------
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown (1886)

8. AGE: Years: 53 Months: Unknown Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Unknown
11. Industry or business: ----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/14/39 (month) (day) (year)
Cemetery or crematory: Mt Auburn Ct
Location: Balto City

18. Funeral director: Isaiah L. Brown & Son
Address: 108 W Montgomery St

19. 8/14 1939 (Date rec'd by registrar) E. J. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 10th 1939, at 12:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 23rd 1939, to Aug. 10 1939, and that I last saw him alive on Aug. 10th 1939.

Immediate cause of death: ~~Primary carcinoma of the lung~~ General paralysis of the insane — DURATION: 1 yr.
Due to
Due to
Other conditions: General paralysis of the insane; Chronic myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ------
Of autopsy: Primary carcinoma of the lung

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ------ Date of
Where did injury occur? ----- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: ---- Injured at work?

23. SIGNATURE: Herbert P. Smithwood M. D. or other
Address: Crownsville, Md. Date signed: 8/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

07680

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Diat. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): one

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: West Annapolis Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Gettings Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Madison Gillman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Dorothy Gillman

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 1st 1916

8. AGE:

Years	Months	Days	If less than one day
23	5	18	hrs. min.

9. Birthplace: Newton, N. J. (Town, county, and state)

10. Usual occupation: Auto. Mech.

11. Industry or business: Auto.

FATHER — 12. Name: Fred. J. Gillman

FATHER — 13. Birthplace: Brooklyn N. Y.

MOTHER — 14. Maiden name: Jennie M. Changer

MOTHER — 15. Birthplace: Finching N. J.

16. Informant: Mrs. Fred. J. Gillman

Address: Revell Station a. a. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 22, 1939 (month) (day) (year)

Cemetery or crematory: Asbury

Location: Arnolds a. a. Co. Md.

18. Funeral director: John M. Taylor

Address: Annapolis, Md.

19. 8-22-39 (Date rec'd by registrar) D. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 19 1939, at 11 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post. mortem 19 examination, 19

and that I last saw h alive on 19

Immediate cause of death: Hemorrhage and Shock — DURATION: 8/19/39

Due to: Left leg almost amputated above knee. Compound Comminuted fracture of tibia + fibula (right) about the ankle, numerous bruises

Other conditions: and brush burns over entire body, face + head. — 8/19/39

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 8/19/39

Where did Injury occur? On Ritchie Highway near Elvaton, A. A. Co. Md. (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?): Ritchie Highway

Means of Injury: Automobile Collision Injured at work? No

23. SIGNATURE: John M. Caffey Deputy Medical Examiner M. D. or Coroner

Address: Annapolis, Md. Date signed: 8/21/39

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MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

07681

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town South River Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Washington, D.C. Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 621 Delafield Place, N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Graham

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Edmund H Graham

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1855

8. AGE: Years 84 Months Days 16 If less than one day hrs. min.

9. Birthplace Belfast, Ireland
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name James Shaw
13. Birthplace Ireland

MOTHER
14. Maiden name Mary Shaw (Jane Smiley)
15. Birthplace Ireland.

16. Informant James Graham
Address 205 Buffalo Ave., Takoma Park, Md

17. Removal Date thereof 8 25 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Washington D C

18. Funeral director J William Leaf Sons
Address 360 - 4th St. N.E. Wash, D.C.

19. 8 25 1939 J J Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1939, at 4.35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 - 9AM 1939, to Aug 25 - 4.35 PM 1939, and that I last saw her alive on Aug 25 1939.

Immediate cause of death Acute Myocarditis & Myocardial Insufficiency

Due to Arteriosclerosis

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
Aug 25
Unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Basil M. D. or other

Address Annapolis Md Date signed 8.25.39

RECEIVED
SEP 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07682

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (191)

County Anne Arundel Registration Dist. No. 21

Village or City Arnold No. WITHIN CORPORATE LIMITS OF St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Griffen If U. S. Veteran, specify WAR

(a) Residence: No. Joyces Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Griffin

6. DATE OF BIRTH (month, day, and year) July 28. 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Gardner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Eggston Estate

10. Date deceased last worked at this occupation (month and year) 8/23/39 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Arnold Md

(State or country)

FATHER

13. NAME Benjamin Griffin

14. BIRTHPLACE (city or town) Arnold Md

(State or country)

MOTHER

15. MAIDEN NAME Mary Hammond

16. BIRTHPLACE (city or town) Arnold Md

(State or country)

17. INFORMANT Lottie Griffin

(Address) Arnold Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug. 27, 19 39

19. UNDERTAKER J. B. Johnson

(Address) Annapolis

20. FILED 8-25-, 19 39 J. W. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 23 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Post mortem examination , 19 death is said to have occurred on the date statad above, at 2:45 P. m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralated causas of importance were as follows:

	Date of onset
Acute Myocardial failure	8/23/39

Other **Contributory Causes** of Importance:

Heat

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If daath was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Whare did injury occur? —

(Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

—

Manner of injury from

Nature of Injury none

24. Was disease or Injury in any way related to occupation of deceased? Yes

If so, specify Cutting Lawn in hot sun

(Signed) John M. Claffy Deputy M. D.

(Address) Annapolis Md Medical Examiner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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SEP 6 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07683

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 mos.

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2316 Hunter Alley
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: SANFORD HAMPTON (Sanford Hampton)

3. (b) Social Security Number: -----

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elizabeth Hampton

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1864

8. AGE: Years: 75 Months: Unknown Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Kentucky
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: ----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 18, 1939 (month) (day) (year)

Cemetery or crematory: Arlutus Mes Park

Location: Baltimore Co Maryland

18. Funeral director: Joseph A. Lively

Address: 409 N Mount St Baltimore city md

19. August 15 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14th 1939, at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15th 1939, to Aug. 14th 1939, and that I last saw him alive on August 14th 1939.

Immediate cause of death: Senility with cerebral arteriosclerosis

Due to: ----

Due to: -----

Other conditions: -----
(Include pregnancy within 3 months of death)

Major findings: -----

Of operations: -----

Of autopsy: -----

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: --- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 8/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07684

(8)

1. PLACE OF DEATH

County Anne Arundel WITHIN CORPORATE LIMITS OF Registration Dist. No. 4

Village or City Annapolis No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Wilbur Hardesty If U. S. Veteran, specify WAR

(a) Residence: No. Brooklyn Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) Aug. 28, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis (State or country) Md

FATHER

13. NAME Ernest Wilbur Hardesty

14. BIRTHPLACE (city or town) Smithville (State or country) Md.

MOTHER

15. MAIDEN NAME Gertrude Rebecca Perrie

16. BIRTHPLACE (city or town) Westwood (State or country) Md

17. INFORMANT Ernest W. Hardesty (Address) Brooklyn

18. BURIAL, CREMATION, OR REMOVAL Place Smithville Calvert Date 8-28-1939

19. UNDERTAKER Ernest W. Hardesty (Address) Parlor

20. FILED 8-29-1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 28 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Still born to , 19

I last saw h Still born alive on 8/23 19 39; death is said to have occurred on the date stated above, at 10:30 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Stillborn — Date of onset 8/28/39

Other **Contributory Causes** of importance:

Premature separation placenta — Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. Willis Martin M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1939

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(84)

07685

Reg. Dist. No. 24

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 15 yrs. 1 mo. 15 days

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Hunton Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME PAT HOLLY

3. (b) Social Security Number ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1882

8. AGE:

Years	Months	Days	If less than one day
57	Unknown		---- hrs. ---- min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: -----

FATHER

12. Name: Bill Holly, dead

13. Birthplace: Maryland

MOTHER

14. Maiden name: Caroline Danis, dead

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. Burial, cremation, or removal. Which?: German Found Date thereof: Aug 18 1939 (month) (day) (year)

Cemetery or crematory: German Found Md

Location: ------

18. Funeral director: Robert L. Snowden

Address: Rockville Md

19. 8-17-9 (Date rec'd by registrar) 19---- E.F. Joyce D.R. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 16th 1939, at 11:25 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1924, to Aug. 16 1939, and that I last saw him alive on August 16 1939.

Immediate cause of death	DURATION
General debility	
Due to Dementia Praecox - paranoid type	
Due to	
Other conditions: ------	

(Include pregnancy within 3 months of death)

Major findings: ------

Dt operations: ------

Dt autopsy: ------

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: Injured at work?

23. SIGNATURE: Wm. L. Snowden M. D. or other

Address: Crownsville, Md. Date signed: 8/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (31)

Registered No. 27 07686

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) ~~Street address~~ Long Point, Pasadena, Md

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie May Holtz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1866

8. AGE: Years	Months	Days	If less than one day
73	5	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Holtz

13. Birthplace Unknown

MOTHER 14. Maiden Name Olivia Rose Oldham

15. Birthplace Balto. Md.

16 (a) Informant Lillian C. Holtz

(b) Address Long Point, Pasadena Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Aug 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location

18 (a) Funeral director Frederick A. Cole

(b) Address 1303 W. Lombard St

19 (a) 8-21-39 (b) L. A. B. Veit (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18th 1939, at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939, to Aug 18 1939, and that I last saw h~~e~~r alive on Aug 17 1939.

Immediate cause of death	Duration
Degenerative Cardiovascular Myocarditis Asthma	
Edema Chr Nephritis	
Due to Senility	
Due to —	
Other Conditions Pulmonary Edema	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury Natural

23. Signature Maurice C. Welch M. D.

Address 2415 Eutaw Pl Date signed 8/18/39

VS 3

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BUREAU V. S.

07687

STATE OF MARYLAND—CERTIFICATE OF DEATH

157-C CP

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City ~~Anne Arundel~~ Annapolis No. Emergency Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Hornstein If U. S. Veteran, specify WAR

(a) Residence: No. 5509 - 30th Place St. N.W. Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1935.

7. AGE Years 3 Months 9 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME David Hornstein

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Jeanette Leon

16. BIRTHPLACE (city or town) (State or country) New York City N.Y.

17. INFORMANT (Address) David Hornstein Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Aug 13th 1939

19. UNDERTAKER (Address) Bernard Danzansky & Son 3501-14th St N.W. Washington D.C.

20. FILED Aug 14, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 13, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post, 19 Mortem Examination, 19

I last saw h alive on 3 30 P.m., 19; death is said to have occurred on the date stated above, at 3 30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	8/13/39

Other Contributory Causes of importance:

Congenital Heart Disease	11/8/35

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — — —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy Deputy Medical Examiner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07688

1. PLACE OF DEATH (B3)

County Anne Arundel Registration Dist. No. 21

Village or City Severna Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Ipsaro If U. S. Veteran, specify WAR

(a) Residence: No. 1138 Homewood Ave. St., Ward. Baltimore Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 14, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sheet metal worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Air-plane factory

10. Date deceased last worked at this occupation (month and year) 8/11/39

11. Total time (years) spent in this occupation 7 years.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bernard Ipsaro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta Maggio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Ipsaro

(Address) 1138 Homewood Ave Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Aug 16 1939

19. UNDERTAKER Edward W. Conkling Son

(Address) 924 E. Eager St.

20. FILED Aug 15, 1939 M. DeAlba Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at 11:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning	8/13/39
Other Contributory Causes of Importance:	
Seized with cramps in 4 ft. of water	8/13/39

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/13, 1939

Where did injury occur? Severn River

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Riggs Point off Severna Park

Manner of Injury drowning

Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John N. Baffey deputy medical M. D.

(Address) Annapolis, Md. Examiner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU OF V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07689

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 11 years, 10 months, 16 d.
Stay in this community (yrs., or mos., or days): same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline County
City or town: Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Estella Jenkins

3. (b) Social Security Number

4. Sex: f
5. Color or race: col.
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1892

8. AGE: Years 47 | Months ? | Days ? | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: none
11. Industry or business: —
FATHER
12. Name: Benjamin Jenkins
13. Birthplace: ?
MOTHER
14. Maiden name: unknown
15. Birthplace: " "
16. Informant: Crownsville State Hospital record.
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/22/39 (month) (day) (year)
Cemetery or crematory: Sandtown
Location: Near Hillsboro, Md.
18. Funeral director: D. V. Moore & Son
Address: Denton, Md.
19. 8 30 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20 1939, at 11 35 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 4 1927, to Aug. 20 1939, and that I last saw her alive on Aug. 20. 1939.
Immediate cause of death: lung tuberculosis
Due to
Due to
Other conditions: mental deficiency with psychosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: about 2 months

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Mark P. Smithers M. D. or other
Address ____ Date signed ____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
BUREAU V. S.

07690

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Greenock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Florida May Ross Jones If U. S. Veteran, specify WAR

(a) Residence: No. Fisher Farm St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1938

7. AGE Years Months 11 Days 4 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Harmony. (State or country) Calvert Co., Maryland

FATHER

13. NAME Herbert Ross

14. BIRTHPLACE (city or town) Town Point A A Co (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Jones

16. BIRTHPLACE (city or town) Poplars Calvert Co (State or country) Md.

17. INFORMANT Helen Jones (Address) Greenock. Md

18. BURIAL, CREMATION, OR REMOVAL Place Inc. Rundel Date Aug. 11, 1939

19. UNDERTAKER T. A. Hardisty & Son (Address) Galesville Md.

20. FILED Aug 11 1939 W. R. Clayton. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 10, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post mortem Examination

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 1:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	8/12/39
Other Contributory Causes of Importance: Chronic Bronchitis	5/30/39

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy, Deputy Medical Examiner M. D.

(Address) Annapolis, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 8 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07691

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (191)

County Anne Arundel Registration Dist. No. 23

Village or City Hanover No. Ridge Road ~~St.,~~ ~~Ward~~

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? 52 yrs. ..... mos. ..... ds.

2. FULL NAME Sophie B. Kazda If U. S. Veteran, specify WAR ✓

(a) Residence: No. Ridge Road, Hanover, Md. Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James V. Kazda.

6. DATE OF BIRTH (month, day, and year): May 9, 1871

7. AGE: Years 68 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: own Home.

10. Date deceased last worked at this occupation (month and year): Aug. 16, 1939

11. Total time (years) spent in this occupation: 47 yrs.

12. BIRTHPLACE (city or town) (State or country): Prague Austria Hungary

FATHER

13. NAME: Joseph Kadan

14. BIRTHPLACE (city or town) (State or country): Prague Austria Hungary

MOTHER

15. MAIDEN NAME: Barbara Konrad

16. BIRTHPLACE (city or town) (State or country): Prague Austra Hunguary

17. INFORMANT (Address): Mrs. J. E. Scott 3018 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place: Cedar Hill Cem Date: Aug 21, 1939

19. UNDERTAKER (Address): Thomas W. Singleton Glen Burnie, Md.

20. FILED: Aug 19, 1939 Mrs. de Alba Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1939, to Aug 18, 1939

I last saw her alive on Aug 18, 1939; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heat Stroke	Aug 16. 1939
Convulsions (Epilepsy)	1937
Other Contributory Causes of importance:	
Arterio Sclerosis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas. L. Ball, Jr. M. D.

(Address) Linthicum, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T.J.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

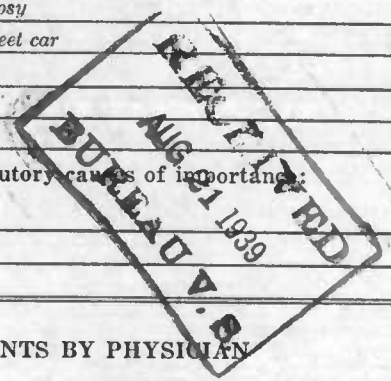
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07692

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (59) C13

County Anne Arundel Registration Dist. No. 71

Village or City Harald Harbor No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Kerr If U. S. Veteran, specify WAR

(a) Residence: No. 19 Pleasant Street St., Ward. Cambridge, Mass. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ///

6. DATE OF BIRTH (month, day, and year) January 26, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ///

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

FATHER

13. NAME David Bruce Kerr

14. BIRTHPLACE (city or town) (State or country) Dundee, Scotland

MOTHER

15. MAIDEN NAME Christine Macandrew

16. BIRTHPLACE (city or town) (State or country) Arbroath, Scotland

17. INFORMANT Christine H. Kerr

(Address) 19 Pleasant St. Cambridge, Mass.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Mass. Date Aug 6th, 1939

19. UNDERTAKER John M. Saylor

(Address) Cambridge, Md.

20. FILED 8-7, 1939. J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 5, (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to August 5, 1939

I last saw her alive on August 5, 1939; death is said to have occurred on the date stated above, at 3-40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute dilatation of the heart	
Apoplexia	

Other Contributory Causes of Importance:

Diabetes mellitus.

Name of operation / Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following: /

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Taylor M.D. M. D.

(Address) Crownsville, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07693

(183)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Crystal Beach, Severna Park P.O. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Kinsey If U. S. Veteran, specify WAR

(a) Residence: No. 2236 Booth St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	—

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): June 23 - 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Scholar

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto City

FATHER

13. NAME Charles Kinsey

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME Ida Hendricks

16. BIRTHPLACE (city or town) (State or country): Balto City

17. INFORMANT (Address): Charles Leroy Kinsey Sr

18. BURIAL, CREMATION, OR REMOVAL: Date Aug 31, 1939 Furgeson Funeral Home

19. UNDERTAKER (Address): D. D. Edwards 3539 Falls Road

20. FILED August 30, 1939 M. P. DeAlton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 3:40 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Drowning	8/28/39
Other **Contributory Causes** of importance:	
Cramps	8/28/39

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/28, 1939

Where did injury occur? Crystal Beach

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Drowning

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Caffey Deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 211 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07694

93-E

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 26

Village or City Roland Terrace Brooklyn No. 5 Pope St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kirby If U. S. Veteran, specify WAR

(a) Residence No. 5 Pope St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Catherine Kirby

6. DATE OF BIRTH (month, day, and year) Sept 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Joseph Kirby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Josfia Hutton

16. BIRTHPLACE (city or town) (Stete or country) Md

17. INFORMANT Miss Lillian M. Kirby (Address) 5 Pope st

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Aug 9th, 1939

19. UNDERTAKER William M. Maeck (Address) 715 Light St

20. FILED Aug. 7, 1939 Ida M. Whitam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 6 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to Aug 6, 1939

I last saw h- alive on Aug 6, 1939; death is seid to have occurred on the date steted above, at 10⁰⁵ P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of enset
Ventricular Fibrillation	8/6/39
Myocardial Degeneration	1936
Arterio-Sclerosis	1936

Dther Contributory Causes of importance:

Senility

Name of operation — Date of

What test confirmed diegnosis? Clinical. Wes there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence H. Sears M. D.

(Address) 1009 Annapolis Blvd

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07695

1. PLACE OF DEATH (82a)

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Lane If U. S. Veteran, specify WAR

(a) Residence: No. 7 Feldmeyer Court St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Lane (deceased)

6. DATE OF BIRTH (month, day, and year): 1852

7. AGE: Years 87 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook + nurse

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Domestic work

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Owens, Calvert Co. Maryland.

FATHER

13. NAME: Richard Allsup

14. BIRTHPLACE (city or town) (State or country): Calvert County Md

MOTHER

15. MAIDEN NAME: Maria Lomax

16. BIRTHPLACE (city or town) (State or country): Calvert County Md

17. INFORMANT (Address): Julia Allsup Annapolis, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Brewer Hill Date: 8-7, 1939

19. UNDERTAKER (Address): Saml. Wm. Chase & Son 688 N. Gilmor St. - Balto.

20. FILED: 8-7, 1939. J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h Post alive on Mortem exam , 19 ; death is said to have occurred on the date stated above, at about 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/3/39

Other Contributory Causes of Importance:

Arterio-sclerosis	1923

Name of operation: none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? natural Date of injury , 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in home

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffy Deputy Medical Examiner M. D.

(Address) Annapolis - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07696

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:

County: A. A. Co.

City or town: Gambrills.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: A. A. Co.

City or town: Gambrills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. — — —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Helen M. Long.

3. (b) Social Security Number: — —

4. Sex: F

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arthur D.

6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Mar 1- 1885

8. AGE: Years: 54 Months: 5 Days: 25 If less than one day: hrs. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Self.

FATHER

12. Name: Wm Lloyd.

13. Birthplace: Ireland

MOTHER

14. Maiden name: Helen M. Ritter

15. Birthplace: Baltimore Md.

16. Informant: Arthur D. Long

Address: Gambrills A. A. Co.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 28- 39 (month) (day) (year)

Cemetery or crematory: London Park Cem.

Location

18. Funeral director: Wm Cook

Address: 1217 St Paul St

19. Aug 28 1939 (Date rec'd by registrar) W. S. Jones D. S. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 27th 1939, at 11 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11- 1939, to Aug 27 1939, and that I last saw her alive on Aug 27-39 19

Immediate cause of death: Lobar Pneumonia. DURATION: 1 day

Due to

Due to

Other conditions: Carcinoma Uterus (Include pregnancy within 3 months of death) 16 mo.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Joseph Lipsky M. D. or other

Address: Odenton Md. Date signed Aug 27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07697

1. PLACE OF DEATH

County A. A. Registration Dist. No. 21

Village or City Annapolis No. 34 Washington St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Mathews If U. S. Veteran, specify WAR ____

(a) Residence: No. 34 Washington St., Ward. ____ (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabella Mathews

6. DATE OF BIRTH (month, day, and year): Dec. 18 1876

7. AGE: Years 62 | Months 8 | Days 18 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Alexander Va

FATHER

13. NAME: Kado. Mathews

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Sarah Young

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Isabella Mathews 34 Washington. st

18. BURIAL, CREMATION, OR REMOVAL Place: Brewer Hill Date: Aug. 9, 1939

19. UNDERTAKER (Address): J. B. Johnson Annapolis

20. FILED: 8 9, 1939 J J Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month), 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1939, to August 6th, 1939

I last saw him alive on August 6th, 1939; death is said to have occurred on the date stated above, at 2:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	August 5th, 1939
Other Contributory Causes of importance:	
Hypertension	April 1939

Name of operation: None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) R. L. Richardson M.D.

(Address) 110 — Day St. Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07698

STATE OF MARYLAND—CERTIFICATE OF DEATH

(183)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Revieria Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James W. McMullen If U. S. Veteran, specify WAR

(a) Residence: No. Montgomery Road St., Ward. Elkridge Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Concrete Mixer operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Lock Raven & Montello Tunnel

10. Date deceased last worked at this occupation (month and year) 8/5/39

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leo G. McMullen

14. BIRTHPLACE (city or town) (State or country) Cambria County Penna.

MOTHER

15. MAIDEN NAME Elizabeth Nelson

16. BIRTHPLACE (city or town) (State or country) Cambria County Penn.

17. INFORMANT (Address) Michael McMullen Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL Place St Augustine Cem Date 8/9 1939

19. UNDERTAKER (Address) George A. Finley Fulton Ave & Fayette

20. FILED 8-6-39 L. A. Breit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 6 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19; death is said to have occurred on the date stated above, at 2.15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning	8/6/39

Other Contributory Causes of importance:

Inability to swim well

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury —, 19

Where did injury occur? Rock Creek (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place

Manner of injury Drowning

Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy Deputy Medical Examiner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07700

1. PLACE OF DEATH (946) CB

County Anne Arundel Registration Dist. No. 26-

Village or City Shady Side No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard McKinley If U. S. Veteran, specify WAR.

(a) Residence: No. 1776 Kilbourne St., N.W. Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E McKinley

6. DATE OF BIRTH (month, day, and year) July 18, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Executive

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Reliable Tobacco Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Great Falls (State or country) Maryland

FATHER

13. NAME George McKinley

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME Olivia Redden

16. BIRTHPLACE (city or town) Washington, D.C. (State or country)

17. INFORMANT William McDonald (Address) 1624 Hobart St. N.W., Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date Aug 28, 1939

19. UNDERTAKER Martin W. Hysong Co. (Address) 1300 N. Capitol St. N.W.

20. FILED Aug 25, 1939 D. B. Bentz, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 25, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 6 40 p.m.

Post mortem examination

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	8/25/39
Other Contributory Causes of Importance: Arterial hypertension	about 5 years ago

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Cluff Deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

07699

Reg. Dist. No. 14

1. PLACE OF DEATH:

County: Anne Arundel

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 mos. 6 das

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1418 Harlem Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: OBEDIAH McQUIRE

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Marie McQuire

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): 1907

8. AGE:

Years	Months	Days	If less than one day
32	Unknown		---- hrs. ---- min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: ------

FATHER
12. Name: Major McQuire
13. Birthplace: Unknown

MOTHER
14. Maiden name: Ida Owens
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug-15-39 (month) (day) (year)

Cemetery or crematory: Md. Auburn

Location: Md. Wiians-Balto. Md

18. Funeral director: Mrs. Katie R. Williams

Address: 322 N. Schroeder St

19. 8/11 (Date rec'd by registrar) 39 E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 10th 1939, at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5th 1938 to Aug. 10th 1939, and that I last saw him alive on Aug. 10th 1939.

Immediate cause of death	DURATION
Bilateral pneumonia	3 das.
Due to	
Due to	
Other conditions: Appendicitis operation 8/4/39 (Include pregnancy within 3 months of death)	

Major findings:

Of operations: -------

Of autopsy: -------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of:

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --------

Means of injury: Injured at work? --------

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 8/10/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08362

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A.A.

City or town: Greenock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Moreland

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	W	Stillborn

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 9, 1939

8. AGE: Years	Months	Days	If less than one day
Full term			hrs. min.

9. Birthplace: Annapolis
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: William Edward Moreland
13. Birthplace: Greenock, Md.

MOTHER
14. Maiden name: Fannie O'Neill
15. Birthplace: Lothia, Md.

16. Informant: Fannie Moreland

Address: Greenock Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 9 19 39, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h~~er~~ alive on Stillborn 8/9 19 39.

Immediate cause of death	DURATION
Stillborn	8/9/39
Due to Premature separation	
Due to & placenta	
Other conditions	
none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Willis Martin M.D.
M. D. or other

Address: Annapolis Md Date signed 10/11/39

Stilb.

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BUREAU V. S.

07701

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 26

Village or City Churchton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Murdock Jr. If U. S. Veteran, specify WAR

(a) Residence: No. Churchton, Maryland Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	negro	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 30, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME William Murdock Sr.

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Irene Offer

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mary Howard (Address) Churchton

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date Aug 4, 1939

19. UNDERTAKER W. Ernest Jarvis (Address) 32 Yorkshire Dr.

20. FILED Aug 4, 1939 S. B. Dent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 3, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw him alive on Post mortem Examination, 19 ; death is said to have occurred on the date stated above, at about 5 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Dec 25 1938

Other Contributory Causes of importance:

Chronic Myocardial degeneration	July 1939

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Natural Causes Date of injury , 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. died at home

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John M. Claffey Deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07702

1. PLACE OF DEATH (8)

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis - No. Emergency Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (not given. Still born baby) If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ... Annapolis Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and yeer) Aug. 28, 1939

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	0 hrs.

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last workad at this occupation (month and year) —

11. Total tima (years) spent in this occupation —

12. BIRTHPLACE (city or town) Annapolis (Stata or country) Md.

FATHER

13. NAME Henry Nichols

14. BIRTHPLACE (city or town) Elkwood (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Tydings

16. BIRTHPLACE (city or town) Northchester (Stete or country) Maryland

17. INFORMANT Mrs. Margaret Nichols (Address) Clarksville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Hillsmere Md Date Aug 29, 1939

19. UNDERTAKER B B Williams (Address) Crownsville Md.

20. FILED Aug 28, 1939 E. T. Joyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended daceased from ..., 19..., to ..., 19...

I last saw h... elive on ..., 19...; death is said to have occurred on the date steted ebove, et ... m.

The **PRINCIPAL CAUSE OF DEATH** end ralatad causas of importance were es follows:

	Date of onset
Still-born	8/28/39

Other **Contributory Causes** of importance:

Baby weighed 16 pounds 14 4/4 ounces

Nama of operation Intimal Version Date of 8/28/39

What tast confirmad diagnosis? None Was there an autopsy? No

23. If daath was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ... Dete of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was diaaase or injury in any way raiatad to occupation of deceased? ...

If so, specify ...

(Signed) John M. Caffey M. D.

(Addrass) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 7/a

Registered No. 21 07703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gibson Island, Maryland.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Carey Street. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Ogden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie J. Ogden
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) October 13, 1857

8. AGE: Years	Months	Days	If less than one day
81	10	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business

FATHER
12. Name John Wesley Ogden
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Mary Watkins,
15. Birthplace A. A. County, Maryland.

16 (a) Informant Mr. Harry Ogden,
(b) Address 4907 Edmondson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues.

19 (a) (Date rec'd by registrar) (b) L. A. Brent Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1939, to 8-31 1939, and that I last saw him alive on 8-18 1939.

Immediate cause of death Pernicious anemia — Duration 5 yrs.
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Brent M. D.
Address Pasadena Date signed 8-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

07704

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 9 mos. 16 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1524 W. Lanvale St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ernest Parker

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Separated

6 (b) Name of husband or wife: ?

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1906

8. AGE:

Years	Months	Days	If less than one day
33	?	?	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: John Parker
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sally West
15. Birthplace: Maryland

16. Informant: Hospital Records

Address:

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Aug. 15 '39
(month) (day) (year)

Cemetery or crematory: Mt Auburn ~~Douglas Memorial Cem.~~

Location: ~~Catonsville Md~~ Ballo Md

18. Funeral director: Wm A Jackson ~~James M. Skinner~~

Address: 916 Pulaski Ave. ~~927 N. Mount St.~~ Baltimore

19. 8/13 1939
(Date rec'd by registrar)

E. F. Joyce
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13, 1939, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 27, 1937, to Aug. 13, 1939, and that I last saw him alive on Aug. 13, 1939.

Immediate cause of death: General Paralysis of the insane

Due to: Syphilis

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: Injured at work?

23. SIGNATURE: Joseph P. Winterrod
M. D. or other

Address: Date signed:

RECEIVED
AUG 28 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07705

WITHIN CORPORATE LIMITS OF

(210-m)

1. PLACE OF DEATH

County A. A. Registration Dist. No. 4

Village or City Annapolis Emergency Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME James A. Pindell If U. S. Veteran, specify WAR

(a) Residence: No. Chesterfield St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 5 1912

7. AGE: Years 26 | Months 11 | Days 8 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rutland P.O. A. A.

FATHER

13. NAME: Andrew Pindell

14. BIRTHPLACE (city or town) (State or country): A. A.

MOTHER

15. MAIDEN NAME: Mary Hutton

16. BIRTHPLACE (city or town) (State or country): A. A.

17. INFORMANT (Address): Elizabeth Brown Gambrills

18. BURIAL, CREMATION, OR REMOVAL

Place: Davidsonville Date: Aug 17, 1939

19. UNDERTAKER (Address): J. B. Johnson Annapolis

20. FILED: 8/16, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month), 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___ 19__ to ___ 19__

I last saw h[illegible] Post Mortem Examination

to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of Skull	8/13/39.
Other Contributory Causes of importance: Hit by automobile on Crain Highway 4 miles South of Millersville, Md.	8/13/39

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide: accident Date of Injury: 8/13, 1939

Where did injury occur? Crain Highway, A. A. County (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place (state road)

Manner of injury: automobile but him

Nature of injury: while crossing road.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Caffy Deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 8 1939 BUREAU OF V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07706

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 3mos. 1 da.

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Gaithersburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: JAMES PLUMMER

3. (b) Social Security Number: -------

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ----

6(c) If alive, give age: ----- years

7. Birth date of deceased (mo., day, yr.): 1906

8. AGE: Years: 33 Months: Unknown Days: If less than one day: ---- hrs. ---- min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: -----

FATHER
12. Name: George Plummer
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Aug 30/39 (month) (day) (year)

Cemetery or crematory: Laytonsville Md

Location: Brook Grove

18. Funeral director: Emory C. Gartner

Address: Gaithersburg Md.

19. 8/28 39 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 28th 1939, at 7A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27th 1937, to Aug. 28 1939, and that I last saw him alive on Aug. 28th 1939.

Immediate cause of death: Pulmonary tuberculosis

Due to

Due to

Other conditions: Dementia Praecox

(Include pregnancy within 3 months of death)

Major findings:

Of operations: -----

Of autopsy: -------

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: --- Injured at work?

23. SIGNATURE: Hart P. Smithrodt M. D. or other

Address: Crownsville, Md. Date signed: 8/28/39

RECEIVED
SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07707

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (W-2)

County A. A. County. Registration Dist. No. 20

Village or City Lothian, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Josephus Pratt.

(a) Residence: No. Lothian Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED (*write* the word)
male	negro	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) Aug 13, 1939.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Y	Y	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annearundel County. (State or country)

FATHER

13. NAME Estep Pratt.

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Cornelia Johnson.

16. BIRTHPLACE (city or town) Maryland. (State or country)

17. INFORMANT Father. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Aug 15, 1939

19. UNDERTAKER Estep Pratt (Address) Lothian, Md

20. FILED Aug 15, 1939 W. R. Clayton Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 15, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1939, to Aug. 15, 1939

I last saw h[illegible]m alive on Aug. 14, 1939; death is said to have occurred on the date stated above, at 7 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Hemmorhage from Embilicus	

Other **Contributory Causes** of importance:

Poor clotting blood.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Wes disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Emily H. Wilson M. D.

(Address) Lothian, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

07708

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 6 mos. 7 das

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 107 Collins Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Unknown

3. (a) FULL NAME: OLIVER PRICE

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife: ------

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): 1900

8. AGE: Years	Months	Days	If less than one day
39	Unknown		____ hrs. ____ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Dish-washer

11. Industry or business: -----

FATHER — 12. Name: Charles Price

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Nellie Stevenson

MOTHER — 15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/11-9 (month) (day) (year)

Cemetery or crematory: Hospital Cemetary

Location: Crownsville Md

18. Funeral director: Supt.

Address:

19. 8/11 (Date rec'd by registrar) 19 39 E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2nd 1939, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 26th 1934, to August 2nd 1939, and that I last saw him alive on Aug. 2nd 1939.

Immediate cause of death	DURATION
Tuberculosis of lungs	
Due to	
Due to	
Other conditions: Tuberculous peritonitis with effusion	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: -----

Of autopsy: -----

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of

Where did injury occur? ------- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ----- Injured at work?

23. SIGNATURE: Fred V. Stoltzfus M. D. or other

Address: Crownsville, Md. Date signed 8/2/39

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SEP 6 1939
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (94E)

Registered No. 21

07709

1. PLACE OF DEATH: A.A. Co.

(a) Baltimore City, Maryland

(b) Street address Green Haven

(c) Hospital or institution: Pasadena Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1518 Ashland Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH PRICE

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Wat

11. Industry or business

FATHER

12. Name Not Known

13. Birthplace Poland

MOTHER

14. Maiden Name Not Known

15. Birthplace Poland

16 (a) Informant Soloman H. Price

(b) Address 1518 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-39 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Phil Rd & Bowelys Lane

18 (a) Funeral director Jack Lewis Inc.

(b) Address 1439 E. Balto St

19 (a) Aug 12 (Date rec'd by registrar) (b) M. DeAlba Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1939, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 12 1939, to Aug 12 1939, and that I last saw her alive on Aug 12 1939.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs.

Due to Generalized Arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Merle M. Willer M. D.

Address 2341 Eutaw P Date signed August 12/39

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-6-39

RECEIVED
SEP 6 1939
BUREAU V. S.

07710

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Anne Arundel (S) Registration Dist. No. 22

Village or City: Gambrills No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Stillbirth (Roy) If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): X

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Aug 31-39

7. AGE: Years — Months — Days — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: X
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gambrills Md

FATHER

13. NAME: Roland L Roy
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Dorothy L. Connor
16. BIRTHPLACE (city or town) (State or country): Annapolis Md

17. INFORMANT (Address): Roland L Roy Gambrills Md

18. BURIAL, CREMATION, OR REMOVAL Place: Gambrills Date: Sept 1st, 1939

19. UNDERTAKER (Address): N. A. Murphey Gambrills Md

20. FILED: Sept 1, 1939 W L Jones D L Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 31, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1939, to Aug 31, 1939

I last saw her alive on ____ 19__; death is said to have occurred on the date stated above, at Aug 31-39 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Stillbirth

Other Contributory Causes of Importance: X Premature (8 months)

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Tom R Lipke M. D.

(Address) Chestnut Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Request for U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07711

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(117-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 4 das.

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 603 ~~Laken~~ Collett Street /
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ----

3. (a) FULL NAME: ARCHIE ROY

3. (b) Social Security Number: -------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	single

B (b) Name of husband or wife: -----

6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): Maryland 1921

8. AGE:

Years	Months	Days	If less than one day
18	Unknown		____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Maggie Roy
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 8/23/9 (month) (day) (year)

Cemetery ~~or crematory~~ Hospital

Location: Crownsville Md.

18. Funeral director: Supt.

Address:

19. 8/20/ 19 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20th 1939, at 5:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 16th 1938, to Aug. 20th 1939, and that I last saw him alive on Aug. 20th 1939.

Immediate cause of death: Perforated gastric ulcer

Due to:

Due to:

Other conditions: -------
(Include pregnancy within 3 months of death)

Major findings: -----

Of operations:

Of autopsy: -------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of:

Where did injury occur? ------- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: Injured at work?

23. SIGNATURE: Herb P. Wintrode M. D. or other

Address: Crownsville, Md Date signed: 8/20/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07712

1. PLACE OF DEATH (8)

County Anne Arundel Registration Dist. No. 22

Village or City Odenton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn infant Schluter

(a) Residence: No. Odenton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 9. 1939

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	0 hrs. — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Odenton (State or country) Maryland

FATHER

13. NAME John Carl Schluter

14. BIRTHPLACE (city or town) New York City (State or country) N.Y.

MOTHER

15. MAIDEN NAME Elizabeth Clara Armstrong

16. BIRTHPLACE (city or town) Hornell (State or country) N.Y.

17. INFORMANT John C. Schluter (Address) Odenton

18. BURIAL, CREMATION, OR REMOVAL Place Family Burying Ground Odenton Md Date Aug 9 1939

19. UNDERTAKER John Carl Schluter (Address) Odenton md

20. FILED Aug 9 1939 W. L. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 9 (Day), 193 9. (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 4A m.

Post mortem Examination

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importance were as follows:

	Date of onset
Stillbirth	8/9/39
(Premature 7 months)	

Other **Contributory Causes** of Importance:

Neme of operation None Data of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county and State)

Specily whether Injury occurrad In INDUSTRY, In HOME, or In PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in eny way related to occupation of deceased? —

If so, specify —

(Signed) John M Claffey Deputy Medical Examiner M. D.

(Address) Annapolis, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1929
BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07713

51-C

1. PLACE OF DEATH

County A. A. Registration Dist. No. 21

Village or City Annapolis No. 41 Cathedral St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamine Sellman If U. S. Veteran, specify WAR .....

(a) Residence: No. 41 Cathedral St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Sellman

6. DATE OF BIRTH (month, day, and year) Jan. 12 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Sellman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charity (unknown)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harriett Sellman (Address) 41 Cathedral

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date Aug. 11, 1939

19. UNDERTAKER J. B. Johnson (Address)

20. FILED 8 11, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 8, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 8, 1939

I last saw him alive on Aug 6, 1939; death is said to have occurred on the date stated above, at 8.45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?

Other Contributory Causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. H. Lawrence M. D.

(Address) 31 Smithgate Av

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07714

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (946)

County Anne Arundel Registration Dist. No. 20

Village or City Drury No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Smith If U. S. Veteran, specify WAR

(a) Residence: No. Drury St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 16 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Day Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Bristol (State or country) Md

FATHER

13. NAME Jerry Smith

14. BIRTHPLACE (city or town) Calvert County (State or country)

MOTHER

15. MAIDEN NAME Ann Whittington

16. BIRTHPLACE (city or town) Calvert Co. (State or country)

17. INFORMANT James E. Smith (Address) Drury Md.

18. BURIAL, CREMATION, OR REMOVAL Place Drury Md. Date Aug 3, 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Lothian Md

20. FILED Aug 2, 1939 H. R. Clayton Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 1 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; deeth is said to have occurred on the date stated above, at 10.30 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/1/39.

Other **Contributory Causes** of importance:

Arterio-Sclerosis	2 years

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Drury Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. at home of Chas. Jos. Nilson

Manner of injury sudden death

Nature of injury heart attack

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John N. Claffy Dep. medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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SEP 6 1933
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

07715

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9 mos. 29 days

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ~~Anne Arundel~~ Baltimore City

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 921 Boyd Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: VIOLA SMITH

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	single

6 (b) Name of husband or wife: ------

B(c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.): 1901

8. AGE:

Years	Months	Days	If less than one day
38	Unknown		---- hrs. ---- min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: ------

FATHER
12. Name: John Thomas
13. Birthplace: Unk.

MOTHER
14. Maiden name: Julia Butler
15. Birthplace: unk.

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 5, 1939 (month) (day) (year)

Cemetery or crematory: Mt. Auburn Cemetery

Location: Baltimore, Maryland

18. Funeral director: Mrs. Katie R. Williams

Address: 332 N. Schroeder St., Balto.

19. Aug 2 1939 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 1st 1939, at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 3rd 1938, to Aug. 1st 1939, and that I last saw her alive on August 1st 1939.

Immediate cause of death	DURATION
General Paralysis of the insane	
Due to	
Due to	
Other conditions: Lues	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ------

Of autopsy: ------

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of

Where did injury occur? ---- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ------ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed 8/1/39

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BUREAU U. S.

07716

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (120)

County A. A. Registration Dist. No. 21

Village or City Camparole No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth D. Snowden If U. S. Veteran, specify WAR

(a) Residence: No. Camparole Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Snowden

6. DATE OF BIRTH (month, day, end year) 1866

7. AGE Years 73 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher - Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md.

FATHER

13. NAME Alex. Dennis

14. BIRTHPLACE (city or town) (State or country) Westriver Md.

MOTHER

15. MAIDEN NAME Sedonia Thompson

16. BIRTHPLACE (city or town) (State or country) Westriver Md.

17. INFORMANT Carrie S. Snowden (Address) 733 Girard ave N.W. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date 8-4, 1939

19. UNDERTAKER Samuel W. Chase & Son (Address) 638 N. Gilmor St. Balto.

20. FILED 8-4, 1939. J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8 (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1939, to August 1, 1939

I last saw her alive on Aug 1, 1939; death is said to have occurred on the date stated above, at 5:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Indigestion	a few hours
Gastroenteritis. Duration: a few hours. cwsR.	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lawrence W. Greene M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook**—**hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail **merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 8 1939 BUREAU OF S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07717

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93c)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Brooklyn Pk. No. 504 Annapolis Road St., Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie F. Steedman (Steedman) If U. S. Veteran, specify WAR

(a) Residence: No. 504 Annapolis St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Alexander T. Steedman

6. DATE OF BIRTH (month, dey, end yeer) March 7, 1870

7. AGE Yeers	Months	Days	If LESS than 1 day, hrs. or min.
69	5	24	

OCCUPATION

8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond (State or country) Va.

FATHER

13. NAME John W. Gayley

14. BIRTHPLACE (city or town) Richmond (State or country) Va.

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) Richmond (State or country) Va.

17. INFORMANT Melvin Jefferies (Address) 405 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 9/2, 1939

19. UNDERTAKER D. F. McCully (Address) 160 E. East Ave.

20. FILED 1 Sep, 1939 Caldwell Woodruff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to Aug 31, 1939

I last saw h[illegible] alive on Aug 31, 1939; death is said to have occurred on the date stated above, at 8:55 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteria sclerosis with Hypertension	Feb 1938
Other Contributory Causes of importance: Myocarditis	Feb 1938

Neme of operation Date of

Whet test confirmed diegnosis? Clinical Was there an autopsy? No

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Wes diseese or injury in eny wey related to occupetion of deceased? No

If so, specify

(Signed) S. H. Streett M. D.

(Address) 421 E. Fort Ave. Balto. Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

SEP 27 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

07718

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County A.A.

City or town Annapolis, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
52 Madison Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 70 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryla nd County A.A.

City or town Annapolis Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 52 Madison
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary A. Stevens

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife John F. Stevens

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 25 1867

8. AGE: Years	Months	Days	If less than one day
72		8	____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Basil L, Gates
13. Birthplace Washington, D. C.

MOTHER
14. Maiden name Anna S, Garner
15. Birthplace Maryland

16. Informant John F. Stevens

Address 54 Madison Street

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug4 1939 (month) (day) (year)

Cemetery or crematory Cedar Bluff

Location Annapolis, Md.

18. Funeral director B. L. Hopping

Address Annapolis, Md.

19. 8-4 1939 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1939, at 12 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1939, to Aug 2 1939, and that I last saw her alive on Aug 2 1939.

Immediate cause of death: Acute Dilatation of Heart

Due to Cr. Myocarditis Diabetes - Very long

Due to Duration & Arteries Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 4 hrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Oliver Purvis M. D. or other

Address Annapolis Md Date signed Aug 4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (948) Reg. Dist. No. 23

CERTIFICATE OF DEATH

07719

1. PLACE OF DEATH:

(a) County Ann Arundel

(b) City or town Ferndale (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 Mo

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County A. A. Co

(c) City or town Ferndale (If outside city or town limits, write RURAL and give town)

(d) Street No. Annapolis Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? 70 yrs years

3 (a) FULL NAME HENRY JAMES TINLEY.

3 (b) If veteran, name war no.

3 (c) Social Security No. 212-16-3303

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Jane

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1861 England

8. AGE: Years 78 Months 5 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace England (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Davis Com. Co.

FATHER 12. Name Frederick Tinley

13. Birthplace England

MOTHER 14. Maiden Name Mary Spain

15. Birthplace England

16 (a) Informant Mary J. Tinley

(b) Address Ferndale Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24/39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md

18 (a) Funeral director William Jacobs

(b) Address 1217 W Pine St

19 (a) Aug 21 (Date rec'd by registrar) (b) Mere Alba Dep Registrar

MEDICAL CERTIFICATION

20. Date of death August 21 1939 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 21 1939, to Aug. 21 1939, and that I last saw him alive on Aug. 21 1939.

Immediate cause of death	Duration
Acute Cardiac Failure	1/2 hour
Due to Coronary Thrombosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Earle M. Wilder, M.D. M. D. or other

Address Ferndale, Md Date signed Aug. 21 1939

Howard J. Maldus, Medical Examiner

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 30 1939
BUREAU V. S.

07720

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County A.A.

City or town Annapolis, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Day

Stay in this community (yrs., or mos., or days) 60 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County A. A.

City or town Iglehart Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Elliott Mac.H. Trott

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

B (b) Name of husband or wife Rose Bell Trott

Deceased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 6 1866

8. AGE: Years 72 Months 11 Days 11 If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Mac. Henry Trott
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Clara Parkinson

Address 72 Prince George Street

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 27 1939 (month) (day) (year)

Cemetery or crematory Cedar Bluff

Location Annapolis, Md.

18. Funeral director B.L.Hopping

Address Annapolis, Md.

19. Aug 26 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25, 1939, at 1.09 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20 1939 to August 25 1939, and that I last saw him alive on Aug 27, 1939.

Immediate cause of death Nephritis (Interstitial) Chronic

Due to Senility

Due to

Other conditions Uremia

(Include pregnancy within 3 months of death):

Major findings:

Of operations

Of autopsy

DURATION: 2 yrs. / 24 hrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert L. Anderson M. D. or other

Address Annapolis, Md. Date signed 8/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

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SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07721

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (95-P)

County Anne Arundel Registration Dist. No. 22

Village or City Dorsey Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence (in city or town where death occurred) yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Linton Tubbs If U. S. Veteran, specify WAR Nov W

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Virginia Tubbs

6. DATE OF BIRTH (month, day, and year): April 5 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: John Tubbs

14. BIRTHPLACE (city or town) (State or country): Coverd Delaware

MOTHER

15. MAIDEN NAME: Olivia Stewart

16. BIRTHPLACE (city or town) (State or country): A A Co Md

17. INFORMANT (Address): Mrs Caroline Harman Harman Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Hagans Date: Apl 9, 1939

19. UNDERTAKER (Address): per Frazier Funl Home Mouth of Magans

20. FILED: Aug 8, 1939 Clara M. Haslett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 7th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1936, to Aug. 7th, 1939

I last saw him alive on Aug. 7th, 1939; death is said to have occurred on the date stated above, at 10:30 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis with Hypertension.	1935
Cardiac - Renal Disease	1937

Other **Contributory Causes** of importance:

Cerebral Haemorrhage	8/7/39

Name of operation: Date of:

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Frank Shipley M. D.

(Address) Savage, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 6 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07722

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (23)

County Anne Arundel Registration Dist. No. 20

Village or City Jewell P. O. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Langth of rasidence in city or town where daath occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James William Turner If U. S. Veteran, specify WAR

(a) Residence: No. Lothian, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Annabell Gibson Turner

6. DATE OF BIRTH (month, day, and yaar) July 15. 1871

7. AGE Years	Months	Days	If LESS than 1 dey, hrs. or min.
68	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date decaasad last worked at this occupation (month end yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Harmony (State or country) Md.

FATHER

13. NAME John Wm. Turner

14. BIRTHPLACE (city or town) Lower Malboro (State or country) Md.

MOTHER

15. MAIDEN NAME Sally Ann Stallings

16. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

17. INFORMANT Maurice Turner (Address) Jewell, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Aug 19, 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville, Md.

20. FILED Aug 18 1939 W. R. Clayton Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Aug 16, 1939

I last saw him alive on Aug 16, 1939; death is said to heve occurred on the dete stated ebova, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importence ware es follows:

	Date of onset
Pulmonary T. B.	
Othar Contributory Causes of Importance:	

Neme of operation Data of

What test confirmad diagnosis? Wes there an autopsy?

23. If daath was due to externel causes (VIOLENCE) fill in also the following:

Accidant, sulcide, or homicide? Date of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury

Neture of injury

24. Was disease or injury in any way related to occupation of dacaased? no

If so, specify

(Signed) Emily H. Wilson M. D.

(Addrass) Lothian, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(29)

07723

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 10 mos. 5 das.

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 425 Central Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: THOMAS VENEY

3. (b) Social Security Number: -------

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: single

B (b) Name of husband or wife: -------

6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): 1915

8. AGE: Years: 24 Months: Unknown Days: If less than one day: ---- hrs. ---- min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: None

11. Industry or business: -----

FATHER

12. Name: James Henry Veney, dead

13. Birthplace: Virginia

MOTHER

14. Maiden name: Lucy Veney

15. Birthplace: Virginia

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. buried (Burial, cremation, or removal. Which?) Date thereof: 8/29/39 (month) (day) (year)

Cemetery or crematory: Mt. Alburn Cemetary

Location: Westport, Md.

18. Funeral director: Adolphus Halstead

Address: Baltimore, Md.

19. 8/27, 39 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 25th 1939, at 5:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20th 1933, to Aug. 25th 1939, and that I last saw him alive on Aug. 25th 1939.

Immediate cause of death: General Debility and exhaustion — DURATION: 1 mo.

Due to: Catatonic Dementia praecox — 8 yrs

Due to:

Other conditions: Tuberculosis of the mesenteric lymph glands (Include pregnancy within 3 months of death)

Major findings:

Of operations: -------

Of autopsy: As above stated

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ------ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 8/25/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07724

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (3)

County Anne Arundel Registration Dist. No. 22

Village or City Odenton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wagner (Stillbirth) If U. S. Veteran, specify WAR

(a) Residence: No. Odenton St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	X

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Aug 9-39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Odenton Md (State or country)

FATHER

13. NAME Edw. F. Wagner

14. BIRTHPLACE (city or town) New York N.Y. (State or country)

MOTHER

15. MAIDEN NAME Violet Arsnault.

16. BIRTHPLACE (city or town) Nova Scotia (State or country)

17. INFORMANT Edw. F. Wagner (Address) Odenton Md

18. BURIAL, CREMATION, OR REMOVAL Place Millersville Cem. Date Aug. 10, 1939

19. UNDERTAKER Edward F. Wagner (Address) Odenton Md

20. FILED Aug 9, 1939 N. L. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 9 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1939, to Aug 9, 1939

I last saw h alive on 19; death is said to have occurred on the date stated above, at 2.30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillbirth	

Other Contributory Causes of importance: X

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury X

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wroble M. D.

(Address) Odenton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting [illegible]

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

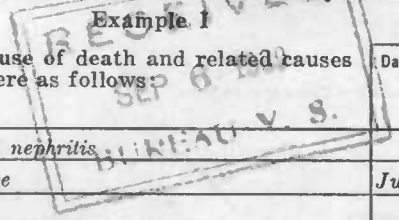
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

07725

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 7 mos. 2 day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 531 Oxford St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph Wells

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Flora Wells

6(c) If alive, give age: 2 years

7. Birth date of deceased (mo., day, yr.): Dec. 31. 1899

8. AGE: Years: 39 | Months: 7 | Days: 17 | If less than one day: hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Peddler

11. Industry or business:

FATHER
12. Name: Thomas Wells
13. Birthplace: Maryland

MOTHER
14. Maiden name: Moffit ?
15. Birthplace: Maryland

16. Informant: Hospital Records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 16. '39 (month) (day) (year)

Cemetery or crematory: Mt. Auburn Cemetery

Location: Baltimore Md

18. Funeral director: Mrs. Samuel T. Hemsley

Address: 578 N. Biddle St. Baltimore

19. 8/17. 1939 (Date rec'd by registrar) E. T. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 11. 1937, to Aug. 13, 1939, and that I last saw h[illegible] alive on Aug. 13, 1939.

	DURATION
Immediate cause of death: General Paralysis of the insane	Unknown
Due to: Syphilis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Date signed:

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SEP 8 1939
BUREAU V. S.

07726

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (131)

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Alice L. Welsh If U. S. Veteran, specify WAR ___

(a) Residence: No. Millersville Md St., Ward. Crownsville P.O.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. A. Welsh

6. DATE OF BIRTH (month, day, and year) Nov 23-69

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Phil Moore Leakin

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Juliet Woodward

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Robt. Welsh (Address) Millersville Md

18. BURIAL, CREMATION, OR REMOVAL Place Loomis Roads Date Sep 2, 1939

19. UNDERTAKER B. B. Williams (Address) Waterbury Md

20. FILED Sept. 1, 1939 E. F. Joyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Aug. 31, 1939

I last saw her alive on Aug. 31, 1939; death is said to have occurred on the date stated above, at 6:25 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1933
Chronic nephritis	1933
acute exacerbation	1939
Other Contributory Causes of importance:	
Arterial hypertension	1933
Angina Pectoris	1933

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) John M. Claffy M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07727

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (75-L)

County Anne Arundel Registration Dist. No. 20

Village or City County Home, South River No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Williams If U. S. Veteran, specify WAR

(a) Residence: No. County Home, Anne Arundel Co. Ward.
(Usual place of abode) Between Hanover Rd. & Dorsey (If nonresident give city or town and State) Ridge

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Henretta Williams

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. laborer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Chas. Williams
(Address) 905 McHenry St Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Cem. Date 8/9/39

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Stollings St

20. FILED Aug 7, 1939 Carrie J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1939, to Aug 6, 1939

I last saw him alive on Aug 6, 1939; death is said to have occurred on the date stated above, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Arteriosclerotic heart disease	?
Other Contributory Causes of importance:	
Congestive failure	8-4-39
Terminal bronchopneumonia	8-4-39

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Wes disease or injury in any way ralated to occupation of deceased? no

If so, specify

(Signed) W. T. Fiddler M. D.

(Address) Davidsonville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07728

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH 93-a

County Anne Arundel WITHIN CORPORATE LIMITS Registration Dist. No. 21

Village or City Annapolis No. 18 Greenville St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wilson If U. S. Veteran, specify WAR

(a) Residence: No. 81 Greenville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 23 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Thomas Wilson

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Alice Pilgrehart

16. BIRTHPLACE (city or town) (State or country) Aiken S. C.

17. INFORMANT (Address) Thomas Wilson 18 Greenville

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date Aug. 26, 1939

19. UNDERTAKER (Address) J. B. Johnson Annapolis

20. FILED 8-25, 1939 J. M. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 23, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 12 Pm, 1939, to Aug 23 - 6 Pm 39

I last saw him alive on Aug 23, 1939; death is said to have occurred on the data stated above, at 6 Pm m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Aug 22
Primary cause Unknown C.W.R.	
No history of scarlet fever, Diphtheria or acute Rheumatic fever	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Wes thera an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was disease or injury in eny way relatad to occupation of deceased? no

If so, specify

(Signed) Geo. C. Benson M. D.

(Address) [redacted] md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN